

SNELLVILLE PEDIATRICS, P.C.
Patient Privacy Act Notice

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996 (Federal Law). In compliance with HIPAA, Snellville Pediatrics, P.C. requires the following information to be filled out for every child.

It is our policy not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail and/or cell phone. However, we will confirm appointments by telephone. Whenever returning phone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the phone. If you would like to have information released to someone other than yourself, please complete the following.

I, _____ (_____) hereby authorize Snellville Pediatrics, P.C.
Relationship to Patient
and staff to leave medical information pertaining to the following children:

Child (Full Name)	Date of Birth
_____	_____
_____	_____
_____	_____

I can be reached by the following methods and will assume responsibility to notify Snellville Pediatrics, P.C. when this information changes.

please circle

Home Telephone _____ Yes No Cell Phone _____ Yes No
Work Telephone _____ Yes No

I, _____ (_____), hereby authorize Snellville Pediatrics, P.C.
Relationship to Patient
and staff to fax or mail medical information pertaining to the above listed children to a referral physician, pharmacy, or hospital and will assume responsibility to notify your office whenever this information changes.

Please list names of people who have your permission to bring your child to our office and can assume medical decision making in your absence. You hereby give our staff permission to speak with and discuss your child's care with these persons also.

Name and Relationship	Contact Phone Number
_____	_____
_____	_____
_____	_____

Signature of Parent or Guardian _____ Date _____

I, _____ (_____), have been informed that a copy of Snellville
Relationship to Patient
Pediatrics, P.C. Notice of Privacy Practice is posted in the office. A copy will be furnished to me upon my request.

Signature _____ Date _____
Parent or Guardian